

Please type a plus sign (+) inside this box ☐

PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0851-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

| | |
|------------------------|-------------------------|
| Application Number | 09/888,017 |
| Filing Date | June 21, 2001 |
| First Named Inventor | Craig L. Stevens |
| Group Art Unit | 2812 |
| Examiner Name | not yet known |
| Attorney Docket Number | 10001.000500 (NVLS 387) |

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

| | | | | | |
|---|---|-------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Patrick D. Benedicto DeGuzman Okamoto & Benedicto, LLP | | | | |
| Address | P.O. Box 51900 | | | | |
| Address | | | | | |
| City | Palo Alto | State | CA | ZIP | 94303 |
| Country | US | | | | |
| Telephone | (650) 691-2030 | Fax | (650) 691-2032 | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant.
- ☐ Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.
- ☒ Attorney or agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name Patrick D. Benedicto, Reg. No. 40,909

Signature *Patrick Benedicto*

Date November 1, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 form is submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
APR 08 2002
TC 1700

RECEIVED
JAN 11 2002
COPY OF PAPERS
ORIGINAL FILED